



REQUEST FOR CHANGE IN PARTNERS OR CORPORATE OFFICERS

Type of Business: ☐ Partnership ☐ Corporation ☐ Limited Liability Co.

Partner(s), Officer(s) and/or Responsible Person(s) Certification

Name & Title:	SSN	Area Code & Phone No.
Address:	City	State
Zip Code		
<ul style="list-style-type: none"> Have you ever had any state license, certificate or registration revoked, suspended or denied or otherwise been the subject of disciplinary action by any government agency? If answer is "yes," see instructions below. <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? This includes convictions that may have been expunged pursuant to Penal Code 1203.4. If answer is "yes," see instructions below. <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> 		
<i>I certify under penalty of perjury under the laws of the State of California that all statements made in this Notice and any supporting documents pertaining to this Notice are true and correct.</i>		
Signature: _____ Dated: _____		

Name & Title:	SSN	Area Code & Phone No.
Address:	City	State
Zip Code		
<ul style="list-style-type: none"> Have you ever had any state license, certificate or registration revoked, suspended or denied or otherwise been the subject of disciplinary action by any government agency? If answer is "yes," see instructions below. <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? This includes convictions that may have been expunged pursuant to Penal Code 1203.4. If answer is "yes," see instructions below. <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> 		
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Signature: _____		Dated: _____	

INSTRUCTIONS RE: ADMINISTRATIVE ACTIONS or CONVICTIONS: You are required to disclose any actions and/or convictions by a state or government agency that was ever taken against any owner(s) members, and/or responsible person(s) within your business. You are also required to list any conviction that has been set aside, dismissed, or expunged, or where a stay of execution has been issued. Please list the violation(s) and location, date, penalty and/or disposition. In addition, please provide documentation to substantiate the manner in which the violation was resolved.

I certify that the registrant information listed above is true and accurate and have included copies of all resolutions or other documents that substantiate the change(s).

The certification below must be completed by one of the individuals (owner, partner, president or secretary) that signed the application for initial registration.

Print Name: _____ Print Title: _____

Signature: _____ Date: _____

Business and Professions Code Section 4999.1(f) states that the department shall be notified within 30 days of any change of name, location of business, corporate officer, or agent of service